

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029869

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7484

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 1 1963

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE California COUNTY

c. CITY OR TOWN Lancaster

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Christian HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
719 West Ave. J-8Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First James

Middle B.

Last Dodge

4. DATE OF DEATH

Month July

Day 20

Year 1963

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10/14-19119. AGE (last birthday)
51IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Facility Engineer10b. KIND OF BUSINESS OR INDUSTRY
General Electric11. BIRTHPLACE (City and state or country)
Claude, Texas12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

David C. Dodge

13b. MOTHER'S MAIDEN NAME

Dolla Kesterson

14. NAME OF HUSBAND OR WIFE

Lorena Dodge

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
719 West Ave. J-8
Lorena Dodge - Lancaster, Calif.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH
2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

unknown

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/18/63 to 7/20/63 and last saw him alive on 7pm 7/19/63
Death occurred at 9:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE (Degree or title)
R. W. B. M.D.22b. ADDRESS
390 W. St Anthony Lane
Florissant, Mo.22c. DATE SIGNED
7/20/6323a. BURIAL, CREMATION, REMOVAL (Specify)
Removal23b. DATE
7/24/6323c. NAME OF CEMETERY OR CREMATORY
Lancaster City Cemetery23d. LOCATION (City, town, or county)
Lancaster, Calif.24. FUNERAL DIRECTOR
118 N. Florissant Rd.
White-Mullen Mort.-Ferguson 35, Mo.25. DATE RECD. BY LOCAL REG.
JUL 22 196326. REGISTRAR'S SIGNATURE
Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold H. Holman

Licensed Embalmer No. 3395

P. O. Address Berkeley 35, Cal.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.